

ROUTING SLIP FOR INVOICES

DATE August 23, 2017

CONTRACTOR Family Values

PO#

2000234086

MONTH OF SERVICE July 2017 Supp

TO Vacant

INITIAL REVIEW 

DATE 9/19/17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 _____

DATE _____

POSTED TO SPREADSHEET _____

SENT TO FISCAL 9/20/17

EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfsls.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

September 18, 2017

MEMORANDUM

**TO: OM&F Fiscal
Contract Payments**

**FROM: Dora Thomas 
Program Manager**

**RE: Invoice for payment
PO #2000234086
Family Values Resource Institute**

Please find attached an invoice for payment.

If you have questions, contact Dora Thomas at 225-342-9921.

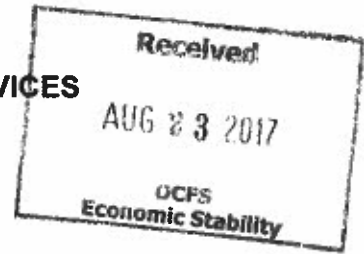
DT

Attachment





DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form



Family Values Resource Institute, Inc.
Contractor Name
 7515 Scenic Highway
Mailing Address
 Baton Rouge, LA 70807
City, State, Zip
 - Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

JULY 2017
Service Period
 2000234086
Contract/CFMS#
 JULY 2017 SUPPLEMENT
 Invoice Number
 234086 - 0751

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$0.00	\$14,374.95	\$14,374.95	\$158,125.05	
FRINGE BENEFITS	\$22,235.25	\$0.00	\$1,877.15	\$1,877.15	\$20,358.10	
TRAVEL	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
OPERATING SERVICES	\$52,564.75	216.66 \$700.00	\$3,696.54	\$4,396.54	\$48,168.21	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$0.00	\$4,993.15	\$4,993.15	\$58,906.85	
OTHER CHARGES	\$216,000.00	\$0.00	\$13,200.00	\$13,200.00	\$202,800.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	216.66 \$700.00	\$38,141.79	\$38,841.79	\$490,358.21	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
 Signature of Authorized Contractor Representative and Title

8/21/17
 Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	4224	4940	5075		
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	Org	Obj	Rep Cat	Sub Obj	ACTV
I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>James Vidarovich ES MGR 2</i> Signature and Title of Authorized DCFS Official					
					9/20/17 Date

Debra Thomas 9/19/17

ACCOUNT NUMBER
900 - 5143581
Refer to this number on all correspondence
CUSTOMER ID
Q00797820170620

Insurance \$216.66
BILLING STATEMENT

FIRST INSURANCE
FUNDING
A WINTRUST COMPANY

FIRST Insurance Funding Corp.
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (800) 837-2511 Fax: (800) 837-3709
www.firstinsurancefunding.com

NOTICE DATE
07/19/2017
INSTALLMENT DUE DATE
08/06/2017

Insured
FAMILY VALUES RESOURCE INSTITU POST OFFICE BOX 74403 BATON ROUGE, LA 70874

Agent/Broker INSURANCE ONE AGENCY, L.C.
Phone: (972) 267-8000

Previous Account Balance	\$ 3,184.90
Payments/Adjustments	\$ 0.00
Fees and Other Charges	\$ 28.63
Current Account Balance	\$ 3,213.53
Past Due Amount	\$ 381.29
Current Installment Amount	\$ 352.66
Service Fee	\$ 11.00
Total Amount Due	\$ 744.95

Any Past Due Amount is due immediately.

Check your account online: Your username is "900-5143581". Your password is "b535322D" unless you have changed it.

- If you mail your payment please allow 7-10 days mailing time to ensure timely application of your payment.
- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, or if changes to your policies are needed, please contact your agent or broker listed above.
- **DIRECT DEBIT** - If you are enrolled in Direct Debit, the Total Amount Due will be automatically deducted from your bank account on the Installment Due Date.
- You may pay online or by phone. Our contact information is listed at the top of this statement.
- **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.**

Pd. 744.95
+ 15.00 - Pay by phone fee
759.95

Please visit our website to check your account, make a payment, change your address and view documents online!

www.firstinsurancefunding.com

Thank you for allowing us to be of service! We appreciate your business.

17610688

FIFCBILL0912

FIRST INSURANCE
FUNDING
A WINTRUST COMPANY

REMITTANCE STUB

Please detach and return this portion with your payment.

Please make checks payable and mail to:
FIRST Insurance Funding Corp.
PO Box 7000
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

☐

Insured
FAMILY VALUES RESOURCE INSTITU POST OFFICE BOX 74403 BATON ROUGE, LA 70874

NOTICE DATE	07/19/2017
ACCOUNT NUMBER	900 - 5143581
CURRENT INSTALLMENT DUE DATE:	08/06/2017
TOTAL AMOUNT DUE:	\$ 744.95
AMOUNT ENCLOSED:	\$ _____

90000000514358100000074495

Insurance \$216.66

Chase Online

Monday, July 31, 2017

Search Results BUSINESS CLASSIC (...8002)

Transaction type: ACH Debit

Date range: 07/28/2017 - 07/28/2017

Search Results 1 - 1

Date	Type	Description	Debit	Credit
07/28/2017	ACH Debit	FIRST INSURANCE INSURANCE 900-5143581 WEB ID: 2363437365	\$759.95	

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Expense Submitted for prior year

ROUTING SLIP FOR INVOICES

DATE December 11, 2017

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE July-2017 #2

TO Trusclair

INITIAL REVIEW CTrusclair

DATE 12-18-17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 _____

DATE _____

POSTED TO SPREADSHEET _____

Dis Allowed on 1-10-18

SENT TO FISCAL _____

EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

- 12/28- Dara called Barbara Thomas regarding dates on invoice. Barbara asked if we can call back next week.
We will call her back on 1-3-18.
- 1-5-18- Dara called B. Thomas + Ms. Thomas stated the facility was closed and she will call us back Monday morning 1/8/18.
- 1-8-18- Returned Barbara's call. She stated will email an explanation of the conflict with the billing period dates.
- 1-9-18- Disallowed it is a June expense.
- 1-10-18- Emailed Barbara informing her this supplemental Invoice is disallowed